

Specimen ID:
Control ID:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:

Specimen Details

Date collected:
Date received:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Alternate Control Number:
Total Volume:

Alternate Patient ID:
Fasting:

Ordered Items

Carbon Monoxide, Blood; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Carbon Monoxide, Blood	2.4		%	0.0 - 3.6	01
Environmental Exposure:					
Nonsmokers <3.7					
Smokers <9.9					
Occupational Exposure:					
BEI 3.5					
Detection Limit = 0.2					